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# Ageing: The Care Status And The Demands Of Elderly Dementia

This essay will discuss the intervention plan for a client with a premature start of dementia. Using the biopsychosocial framework that is based on person centred care, a need assessment and a care plan will be developed for the client. The client we will be discussing in this essay will be called Susan to preserve client confidentiality. The person-centred care plan that will be discussed in this essay will take into consideration the independence, self-determination and purposeful activities Susan.

## Person centred intervention

Person-centred care is a care practice system used in caring for clients like Susan who had Dementia. This sees clients using health and social services as equals in planning, evolving and monitoring care to make sure it sees their needs and certify the care professional is always honest, respectful and polite. In person centred care, client is personally called by their name with plain and clear language of communication to enable positive relationship with the clients and also aiming to motivate clients to live independently with a sense of purpose.

Person-centred care isn't just providing people with what they want rather, it's about considering people's wishes, social environments morals, family circumstances, and lifestyles. patient-centred care can also be defined as family-centred, user-centred, personalized or individualised. There are many different facets of person-centred care such as coordinating and integrating care, ensuring people are safe and comfortable, emotional support and great access to care when needed.

## Case study

Susan is a 60-year-old woman, diagnosed with Dementia about 3 years ago. She is a widow 3 children who did not remember her deceased husband. Her son Michael consented the interview and gave me a brief history of her livelihood. Michael said Susan is an alcoholic and smokes at least 2-3 cigarette daily. Michael is her primary carer who helps with daily reminder of her daily routine such as self-care, mealtime, extra-curricular activities and more. Michael has the additional help of his wife and kids and also his siblings whenever he needs it. Michael taught it best that Susan stay with him and his family as he feels it's love enabling environment and to adequately care for her while social care workers care gives her part time care in their comfortable home. Susan was an IT consultant before she retired and got diagnosed with dementia. Michael her son still works full time as a head chef in a hotel and does not need to compromise his job because his wife is a homemaker. Since being diagnosed with dementia, Susan's daily regular activity involves going for walks with her grandkid in the park, going shopping with the intent of buying nothing and playing card games. She suffers from an interdisciplinary model that looks at the interconnection between biology, psychology, and socio-environmental factors known as Biopsychosocial Model and also a recovering alcoholic with the help of her family. Michael and his family are however financial strained due to the extra care for his mother, so they get the carers benefit administered to them from the department of social services.

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## Assessment

An assessment was conducted on Susan needs with the use of the Tierney model. 12 activities of living. Llewellyn & Hayes (2008) describes the model as an aid in assisting and measuring the patient's ability to achieve independence at each stage of care. All 12 activities include, maintaining a safe environment, communication, breathing, eating and drinking, eliminating, personal cleansing and dressing, controlling body temperature, mobilising, working and playing, expressing sexuality, sleeping and dying which are in line with the biopsychosocial model. The Roper Logan Tierney model according to Holland et al (2008) are used as a framework for the assessment, planning, implementing and evaluating process of Susan's needs as well as seeking to promote her independence. Susan was assessed by an interview process conducted which her family also consented to as they were also interviewed.

The assessment conducted focused on discovering symptoms she might be experiencing such as her social and occupational activities, mentality and cognitive state, and family relationships.

## Care Plan

From the assessment conducted, it showed Susan is in need of socialisation, counselling, medical, and spiritual care. This need was used to draw a care plan so that an appropriate means of intervention will be adopted to meet those needs. This shows that a visit to a psychologist to boost self-esteem and social activities is needed to swindle her focus from her past time of alcoholism. As her wellbeing is very important, once a week visit to the psychiatrist is advised upon to monitor her mental state and a consistent workout regime with a personal trainer.

## Intervention – Social Care Model

Following her assessment, care plan was carefully prepared to identify the needs of Susan. List of concerned issues that arise in Susan's plan includes depression, disproportionate alcohol absorption, restricted socialising, unfortunate diets and independent care. Susan's family taught it wise to employ a dietician to oversee her diet as it is a vital part of her wellbeing and ageing process. As dementia is a syndrome of deterioration in memory, thinking, behaviour and the ability to perform everyday activities, a balanced diet is important as it helps with memory recovery and knowing her digestive system will be less effective compared to a young girl or woman. So special consideration is given to her diet to enable easy digestion and prevent constipation. Although, Susan is in a loving home with a family who loves for her, she does get depressed from time to time which causes her to display aggressive behaviours, however time away for a walk to the park motivates and boost her self-confidence.

A counselling intervention was planned for both carers and clients as dealing with dementia is not easy. Susan visits the psychiatrist and the psychologist once a week for counselling to help her settle peacefully and as known that many individuals with dementia struggle to make sense of their diagnosis and lifechanging events occurring in their life. Being diagnosed with dementia may cause individuals feeling vulnerable, lost, anxious and confused that they get panicked worrying about what the future holds.

Research advocates that counselling can play a vital role in early diagnosis of dementia. Counselling was also recommended to the carers to help them understand the importance of

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portraying a positive behaviour. This helps carers comprehend and develop positive relationships with individuals with dementia. Lastly as dementia affects relationships between carers and clients, relationship counselling is highly recommended.

Medication is also part of the intervention process. Being diagnosed with dementia means there are tons of medication to be taken daily. As her memory is slowly less effective, her family and care workers has ensured there is no confusion in dealing with many drugs by taking steps to clearly labelling the drugs, with set out rules of name, time and purpose. (Whitlatch, 2011)

Interventions programs of utmost important had to do with her physical wellbeing. Physical exercise has remained beneficial to cognitive impairment individuals and is also beneficial for dementia client, especially for people who previously had an active lifestyle. Persons with dementia is often encouraged to engage in any form of physical exercise twice a week that can be adapted to the mental progress. It is also crucial for the qualified exercise instructor to be able to adapt exercise programmes extra attention to the client's preference, interest and aptitudes. Evidence has also demonstrated how exercise activities can play a huge part in reducing depression symptoms and negative attitudes like anxiety, loudness, aggression and anger (O' Connor et al, 2009).

One of the interventions from the psychologist was to limit alcohol intake and to have a rest routine to prevent fatigue and restiveness. This helped with sleeping and waking up at the right time and practicing a quiet time to cool down the brain to enable a peaceful night rest.

The National Service Framework of aged individuals emphasized the necessity to care and empower individuals like Susan to be independent. Susan's family went on several course where they were educated on how to deal with an individual with dementia who is problematic behaviour and when to also signal for assistance from the right sources. Susan's son and family were taught on how to promote independence as much as possible with the intentions of her feeling like she is well capable and valuable to herself while courteously helping them.

## CONCLUSION

Through this preparing this essay , I have learnt a lot on what it entails to carry out client assessment of need, draw a person centred care plan and carry out an intervention that will not only meet the need of the client but that will also empower the clients to see themselves as valuable and not as liability.